

PB-Y

**STATE OF ALABAMA**  
**DEPARTMENT OF INSURANCE**  
QUARTERLY PREMIUM TAX STATEMENT – DOMESTIC INSURANCE COMPANY  
PROPERTY AND CASUALTY BUSINESS  
Quarterly Period Ending March 31, \_\_\_\_\_  
(Due no later than May 15, \_\_\_\_\_)

**INSTRUCTIONS**

**PENALTIES** – Any Company failing to file its Premium Tax Return (even if no tax is due) or failing to pay such estimated taxes on a timely basis shall be subject to a penalty of \$1,000 to \$10,000, to be assessed by the Commissioner

**RETURNS POST MARKED ON THE DUE DATE WILL BE ACCEPTED.**

**Please use the following checklist to assure that all the necessary items are included with your Premium Tax Filing.**

- ( ) Each quarter's payment may be paid on Estimated or Actual premiums.
- ( ) The Alabama Facilities Credit Worksheet must accompany this form if paying at a rate less than the 3.6% maximum.
- ( ) Make checks payable to the: Alabama Department of Insurance.
- ( ) **WE DO NOT HAVE AN EFT ACCOUNT AT THIS TIME.** Mail this RETURN and CHECK to the address below:

**POSTAL SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
P.O. Box 830691  
Birmingham, AL 35283-0691

**COURIER OR EXPRESS SERVICE**

Alabama Department of Insurance  
c/o Compass Bank  
701 South 32<sup>nd</sup> Street  
Birmingham, AL 35233

NAIC#:  \_\_\_\_\_  
(Name of Company)

Preparer's Signature \_\_\_\_\_ Name and Title (Print) \_\_\_\_\_

Telephone No. \_\_\_\_\_

**PLEASE COMPLETE**

**1. PREMIUM TAX PAID:** (reverse side, line 15)

**PB:** \$

**2. Check No.:** -----

**STATE OF** \_\_\_\_\_ **COUNTY OF** \_\_\_\_\_

**Personally appeared before the undersigned attesting officer(Name)** \_\_\_\_\_

**Who says he/she is (Title)** \_\_\_\_\_ **of the above company and the above statement is true and correct to the best of his/her knowledge.**

**SWORN TO AND SUBSCRIBED before me this** \_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

**DOMESTIC PROPERTY AND CASUALTY BUSINESS****PB-Y**

Quarterly Period Ending March 31, \_\_\_\_\_

(Due no later than May 15, \_\_\_\_\_)

NAIC# \_\_\_\_\_

**TAXABLE PREMIUMS****ACTUAL:****THIS QUARTER****TAX RATE****TAX**3. Property & multi-peril insurance written  
in fire protection classes 9 & 10

\$ \_\_\_\_\_ X 1.0% =\$ \_\_\_\_\_

4. Mobile home & low value dwelling policies  
with a face value of \$40,000 or less

\$ \_\_\_\_\_ X 1.0% =\$ \_\_\_\_\_

5. All other property &amp; casualty

\$ \_\_\_\_\_ X \_\_\_\_ % =\$ \_\_\_\_\_

(max. rate: 3.6%, see instructions)

6. Health:

a) Groups with less than 50 participants

\$ \_\_\_\_\_ X .5% =\$ \_\_\_\_\_

b) Other health

\$ \_\_\_\_\_ X 1.6% =\$ \_\_\_\_\_

7. GROSS PREMIUM TAX DUE - ACTUAL BASIS

\$ \_\_\_\_\_

**TAXABLE PREMIUMS****ESTIMATED:****PREVIOUS YEAR****TAX RATE****TAX**8. Property & multi-peril insurance written  
in fire protection classes 9 & 10

\$ \_\_\_\_\_ x 25% X 1.0% = \$ \_\_\_\_\_

9. Mobile home & low value dwelling policies  
with a face value of \$40,000 or less

\$ \_\_\_\_\_ x 25% X 1.0% = \$ \_\_\_\_\_

10. All other property &amp; casualty

\$ \_\_\_\_\_ x 25% X \_\_\_\_ % = \$ \_\_\_\_\_

(max. rate: 3.6%, see instructions)

11. Health:

a) Groups with less than 50 participants

\$ \_\_\_\_\_ x 25% X .5% = \$ \_\_\_\_\_

b) Other health

\$ \_\_\_\_\_ x 25% X 1.6% = \$ \_\_\_\_\_

12. GROSS TAX DUE - ESTIMATED BASIS

\$ \_\_\_\_\_

13. 25% of deductible expenses paid or estimated to be paid

\$ \_\_\_\_\_

14. LESS: Prior Year Overpayment

\$ \_\_\_\_\_

15. NET PREMIUM TAX DUE (line 7 or line 12 minus lines 13 and 14)

\$ \_\_\_\_\_

Report the Amount Paid, Check Number, and Date of Check in the following schedule.

TAXES PAID:	1 <sup>st</sup> Quarter	\$ _____	Check No. _____	Date paid _____
	2 <sup>nd</sup> Quarter	\$ _____	Check No. _____	Date paid _____
	3 <sup>rd</sup> Quarter	\$ _____	Check No. _____	Date paid _____